2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

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1. Entity Name	MENT # 764401 NO. 16 OF AFTCA, INC.				. 04		246 031 ****61.	25	
Principal Place 155 EAST 21 JACKSONVILL	ST STREET	Mailing Address 155 EAST 21ST STREET JACKSONVILLE, FL 3220	6 US		1 LAWNIN N edica a nsin	. 5000a		iiigi Ol 1831	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02032005 _C	hg-NP	CR2E037 (10/03)		
City & State	9	City & State			4. FEI Number 59-221573	32		oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of S		S8.75 Add Fee Require		
<u> </u>	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re	gistered Agent		
			Name	Name					
MILTON, JOHN 155 EAST 21ST STREET JACKSONVILLE, FL 32206			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City		-	<u></u>	FL Zip Coo	le	
	named entity submits this statement foions of registered agent.	r the purpose of changing its re	egistered office o	r registere	ed agent, or both, in	the State of Flor	ida. I am familiar with	and accept	
.3- 									
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: F	Registered Agent signa	lure required	when reinstating)	 .	DATE		
<u> </u>		0.51.450	· - ·						
Due by May 1, 2005 Trust Fund		9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		ake check payable t de Department of S		
10.	OFFICERS AND DIE	RECTORS	11.	Δ	ADDITIONS/CHANG		C AND DIDECTORS IN		
NAME STREET ADDRESS	D PRICE, DON 7541 MOTES RD	☐ Delete	TITLE						
CITY-\$1-ZIP	DD\/0=1011E Et 00000		NAME STREET ADDRESS	Eρ P. o	BOX 776			Addition	
	BRYCEVILLE, FL 32009		STREET ADDRESS CITY-ST-ZIP	Ex p. o laes!	BOX 776	31763	P □ Change	Addition	
TITLE	P	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	Ex p. o laes!	BOX 776	31763			
TITLE NAME STREET ADDRESS	P MILTON, JOHN	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ex. p. o Less!	BOX 776 burg, CA of Codson b MacCra	31763 Can food	P □ Change	Addition	
NAME	P	☐ Defete	STREET ADDRESS CITY-ST-ZIP TITLE	Ex. p. o Less!	BOX 776	31763 Can food	P □ Change	Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR MILTON Jr. 4 28 2005 (904) 355-178